

# 2020 Opioids Quantity Limit ER and IR

## Transmucosal Immediate Release Fentanyl (TIRF) Quantity Limit

**QUANTITY LEVEL LIMITS** 

Brand (generic)	Quantity Limit			
(5)	Abstral® (fentanyl sublingual tablet)			
100 mcg tablet	120 tablets/30 days			
200 mcg tablet	120 tablets/30 days			
300 mcg tablet	120 tablets/30 days			
400 mcg tablet	120 tablets/30 days			
600 mcg tablet	120 tablets/30 days			
800 mcg tablet	120 tablets/30 days			
	Actiq® (fentanyl lozenge) <sup>a</sup>			
200 mcg lozenge	120 tablets/30 days			
400 mcg lozenge	120 tablets/30 days			
600 mcg lozenge	120 tablets/30 days			
800 mcg lozenge	120 tablets/30 days			
1200 mcg lozenge	120 tablets/30 days			
1600 mcg lozenge	120 tablets/30 days			
	Fentora® (fentanyl buccal tablet)			
100 mcg tablet	120 tablets/30 days			
200 mcg tablet	120 tablets/30 days			
400 mcg tablet	120 tablets/30 days			
600 mcg tablet	120 tablets/30 days			
800 mcg tablet	120 tablets/30 days			
Lazanda® (fentanyl nasal spray)				
100 mcg/spray	30 bottles/30 days			

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Brand (generic)	Quantity Limit		
300 mcg/spray	30 bottles/30 days		
400 mcg/spray	30 bottles/30 days		
Subsys™ (fentanyl s	sublingual spray)		
100 mcg spray	120 sprays/30 days		
200 mcg spray	120 sprays/30 days		
400 mcg spray	120 sprays/30 days		
600 mcg spray	120 sprays/30 days		
800 mcg spray	120 sprays/30 days		
1200 mcg spray	240 sprays (120 dose packages of 2 x 600 mcg sprays)/30 days		
1600 mcg spray	240 sprays (120 dose packages of 2 x 800 mcg sprays)/30 days		

a – generic fentanyl citrate lozenge included in program

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EXTENDED RELEASE OPIOIDS (QUANTITY LIMIT RECOMMENDED LIMITS)

XTENDED RELEASE OPIOIDS (QUANTITY L. Brand (generic)	Quantity Limit Per 30 Days
Narcotic Analgesics	
Arymo ER (morphine sulfate)	
15 mg extended release tablet	60 tablets/month
30 mg extended release tablet	30 tablets/month
60 mg extended release tablet	0 tablets/month
Belbuca (buprenorphine buccal film)	
75 mcg buccal film	60 films/month
150 mcg buccal film	60 films/month
300 mcg buccal film	60 films/month
450 mcg buccal film	60 films/month
600 mcg buccal film	60 films/month
750 mcg buccal film	60 films/month
900 mcg buccal film	30 films/month
Butrans, Buprenorphine Transdermal Syst	em
5 mcg/hour transdermal system <sup>a</sup>	4 systems/month
7.5 mcg/hour transdermal system	4 systems/month
10 mcg/hour transdermal system <sup>a</sup>	4 systems/month
15 mcg/hour transdermal system <sup>a</sup>	4 systems/month
20 mcg/hour transdermal system <sup>a</sup>	4 systems/month
Duragesic (fentanyl transdermal patch)	
12 mcg/hr transdermal patch <sup>a</sup>	10 patches/month
25 mcg/hr transdermal patch <sup>a</sup>	0 patches/month
50 mcg/hr transdermal patch <sup>a</sup>	0 patches/month
75 mcg/hr transdermal patch <sup>a</sup>	0 patches/month

a – generic available, included in quantity limit program

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Brand (generic)	Quantity Limit Per 30 Days			
100 mcg/hr transdermal patch <sup>a</sup>	0 patches/month			
Embeda (morphine/naltrexone ER)				
20 mg/0.8 mg controlled-release capsule	30 capsules/month			
30 mg/1.2 mg controlled-release capsule	30 capsules/month			
50 mg/2 mg controlled-release capsule	30 capsules/month			
60 mg/2.4 mg controlled-release capsule	0 capsules/month			
80 mg/3.2 mg controlled-release capsule	0 capsules/month			
100 mg/4 mg controlled-release capsule	0 capsules/month			
Exalgo (hydromorphone ER)	l			
8 mg extended-release tablet <sup>a</sup>	30 tablets/month			
12 mg extended-release tablet <sup>a</sup>	30 tablets/month			
16 mg extended-release tablet <sup>a</sup>	0 tablets			
32 mg extended-release tablet <sup>a</sup>	0 tablets			
fentanyl transdermal patch	I			
37.5 mcg/hr transdermal patch <sup>a</sup>	0 patches/month			
62.5 mcg/hr transdermal patch <sup>a</sup>	0 patches/month			
87.5 mcg/hr transdermal patch <sup>a</sup>	0 patches/month			
Hysingla ER (hydrocodone ER)	I			
20 mg extended-release tablet	30 tablets/30 days			
30 mg extended-release tablet	30 tablets/30 days			
40 mg extended-release tablet	30 tablets/30 days			
60 mg extended-release tablet	0 tablets/30 days			
80 mg extended-release tablet	0 tablets/30 days			
100 mg extended-release tablet	0 tablets/30 days			
a – generic available, included in quantity limit program				

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Brand (generic)	Quantity Limit Per 30 Days			
120 mg extended-release tablet	0 tablets/30 days			
Kadian (morphine sulfate ER)				
10 mg sustained-release capsule <sup>a</sup>	30 capsules/30 days			
20 mg sustained-release capsule <sup>a</sup>	30 capsules/30 days			
30 mg sustained-release capsule <sup>a</sup>	30 capsules/30 days			
40 mg sustained-release capsule <sup>a</sup>	30 capsules/30 days			
50 mg sustained-release capsule <sup>a</sup>	30 capsules/30 days			
60 mg sustained-release capsule <sup>a</sup>	0 capsules/30 days			
70 mg sustained-release capsule <sup>b</sup>	0 capsules/30 days			
80 mg sustained-release capsule <sup>a</sup>	0 capsules/30 days			
100 mg sustained-release capsule <sup>a</sup>	0 capsules/30 days			
130 mg sustained-release capsule <sup>b</sup>	0 capsules/30 days			
150 mg sustained-release capsule <sup>b</sup>	0 capsules/30 days			
200 mg sustained-release capsule	0 capsules/30 days			
Morphabond ER (morphine ER)				
15 mg ER tablet	60 tablets/30 days			
30 mg ER tablet	30 tablets/30 days			
60 mg ER tablet	0 tablets/30 days			
100 mg ER tablet	0 tablets/30 days			
Morphine Sulfate ER				
30 mg sustained-release capsule	30 capsules/30 days			
45 mg sustained-release capsule	30 capsules/30 days			
60 mg sustained-release capsule	0 capsules/30 days			
75 mg sustained-release capsule	0 capsules/30 days			
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Brand (generic)	Quantity Limit Per 30 Days			
90 mg sustained-release capsule	0 capsules/30 days			
120 mg sustained-release capsule	0 capsules/30 days			
MS Contin (morphine sulfate ER)				
15 mg sustained-release tablet <sup>a</sup>	60 tablets/30 days			
30 mg sustained-release tablet <sup>a</sup>	30 tablets/30 days			
60 mg sustained-release tablet <sup>a</sup>	0 tablets/30 days			
100 mg sustained-release tablet <sup>a</sup>	0 tablets/30 days			
200 mg sustained-release tablet <sup>a</sup>	0 tablets/30 days			
Opana ER (oxymorphone SR, crush resista	ant ER)			
5 mg sustained-release tablet	60 tablets/30 days			
7.5 mg sustained-release tablet 60 tablets/30 days				
10 mg sustained-release tablet	30 tablets/30 days			
15 mg sustained-release tablet	30 tablets/30 days			
20 mg sustained-release tablet	0 tablets/30 days			
30 mg sustained-release tablet	0 tablets/30 days			
40 mg sustained-release tablet	0 tablets/30 days			
OxyContin (oxycodone ER)				
5 mg extended release tablet <sup>b</sup>	60 tablets/30 days			
10 mg extended release tablet	60 tablets/30 days			
15 mg extended release tablet	60 tablets/30 days			
20 mg extended release tablet	30 tablets/30 days			
30 mg extended release tablet	30 tablets/30 days			
40 mg extended release tablet	0 tablets/30 days			
60 mg extended release tablet	0 tablets/30 days			
a generic available, included in quantity limit program				

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Brand (generic)	Quantity Limit Per 30 Days			
80 mg extended release tablet	0 tablets/30 days			
Oxymorphone SR				
5 mg sustained-release tablet	60 tablets/30 days			
7.5 mg sustained-release tablet	60 tablets/30 days			
10 mg sustained-release tablet	30 tablets/30 days			
15 mg sustained-release tablet	30 tablets/30 days			
20 mg sustained-release tablet	0 tablets/30 days			
30 mg sustained-release tablet	0 tablets/30 days			
40 mg sustained-release tablet	0 tablets/30 days			
Xtampza ER (oxycodone ER)				
9 mg capsule	60 capsules/30 days			
13.5 mg capsule	60 capsules/30 days			
18 mg capsule	30 capsules/30 days			
27 mg capsule	30 capsules/30 days			
36 mg capsule 0 capsules/30 days				
Zohydro ER Abuse Deterrent (hydrocodone ER)				
10 mg sustained-release capsule	60 capsules/30 days			
15 mg sustained-release capsule	60 capsules/30 days			
20 mg sustained-release capsule	60 capsules/30 days			
30 mg sustained-release capsule	30 capsules/30 days			
40 mg sustained-release capsule	30 capsules/30 days			
50 mg sustained-release capsule	30 capsules/30 days			
Tramadol, Tapentadol				
ConZip (tramadol SR biphasic ER)				

a - generic available, included in quantity limit program

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Brand (generic)	Quantity Limit Per 30 Days			
100 mg sustained-release capsule	30 capsules/30 days			
200 mg sustained-release capsule	30 capsules/30 days			
300 mg sustained-release capsule	30 capsules/30 days			
Nucynta ER (tapentadol ER)				
50 mg extended-release tablet	60 tablets/30 days			
100 mg extended-release tablet	30 tablets/30 days			
150 mg extended-release tablet	0 tablets/30 days			
200 mg extended-release tablet	0 tablets/30 days			
250 mg extended-release tablet	0 tablets/30 days			
tramadol ER				
100 mg sustained-release tablet <sup>a</sup>	30 tablets/30 days			
200 mg sustained-release tablet <sup>a</sup> 30 tablets/30 days				
300 mg sustained-release tablet <sup>a</sup>	30 tablets/30 days			
Tramadol ER (tramadol SR biphasic)				
150 mg sustained-release capsule	30 capsules/30 days			
Ultram ER (tramadol ER)				
100 mg sustained-release tablet <sup>a</sup> 30 tablets/30 days				
200 mg sustained-release tablet <sup>a</sup>	30 tablets/30 days			
300 mg sustained-release tablet <sup>a</sup>	30 tablets/30 days			
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Agent Quantity Limit				
Dolophine (methadone) <sup>a</sup>				
mg tablet 60 tablets/30 days				
10 mg tablet	30 tablets/30 days			
methadone <sup>a</sup>				
5 mg/5mL solution	300 mL/30 days			
10 mg/5 mL solution	150 mL/30 days			

a - generic available, included in quantity limit program

### IMMEDIATE RELEASE OPIOIDS (QUANTITY LIMIT RECOMMENDED LIMITS

Single Ingredient Agents	Strength	Quantity Limit - Child	Quantity Limit - Adult
butorphanol <sup>a</sup>	10 mg/mL nasal spray	0 mL/30 days	2.5 mL (1 bottle)/30 days
Codeine	15 mg tablet	18 tablets/30 days	30 tablets/30 days
Codeine <sup>a</sup>	30 mg tablet	18 tablets/30 days	30 tablets/30 days
Codeine	60 mg tablet	15 tablets/30 days	25 tablets/30 days
Dilaudid (hydromorphone) <sup>a</sup>	2 mg tablet	18 tablets/30 days	30 tablets/30 days
Dilaudid (hydromorphone) <sup>a</sup>	4 mg tablet	9 tablets/30 days	15 tablets/30 days
Dilaudid (hydromorphone) <sup>a</sup>	8 mg tablet	3 tablets/30 days	5 tablets/30 days
Dilaudid (hydromorphone) <sup>a</sup>	1 mg/mL liquid	36 mL/30 days	60 mL/30 days
Levorphanola	2 mg tablet	6 tablets/30 days	10 tablets/30 days
Levorphanol	3 mg tablet	6 tablets/30 days	10 tablets/30 days
Meperidine	50 mg tablet	30 tablets/30 days	30 tablets/30 days
Meperidine	100 mg tablet	15 tablets/30 days	15 tablets/30 days
Meperidine	50 mg/5 mL solution	150 mL/30 days	150 mL/30 days
Morphine <sup>a</sup>	15 mg tablet	9 tablets/30 days	15 tablets/30 days
Morphine <sup>a</sup>	30 mg tablet	3 tablets/30 days	5 tablets/30 days
Morphine <sup>a</sup>	10 mg/5 mL solution	75 mL/30 days	125 mL/30 days
Morphine <sup>a</sup>	20 mg/5 mL solution	36 mL/30 days	60 mL/30 days

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Single Ingredient Agents	Strength	Quantity Limit - Child	Quantity Limit - Adult
Morphine <sup>a</sup>	20 mg/mL concentrate	6 mL/30 days	10 mL/30 days
oxycodone <sup>a</sup>	5 mg capsule	18 capsules/30 days	30 capsules/30 days
Oxaydo, Roxybond (oxycodone)	5 mg tablet	18 tablets/30 days	30 tablets/30 days
Oxaydo (oxycodone)	7.5 mg tablet	12 tablets/30 days	20 tablets/30 days
oxycodone <sup>a</sup>	10 mg tablet	9 tablets/30 days	15 tablets/30 days
oxycodone <sup>a</sup>	20 mg tablet	3 tablets/30 days	5 tablets/30 days
oxycodone <sup>a</sup>	5 mg/5mL solution	99 mL/30 days	165 mL/30 days
oxycodone <sup>a</sup>	20 mg/mL concentrate	3 mL/30 days	5 mL/30 days
Roxicodone (oxycodone) <sup>a</sup>	5 mg tablet	18 tablets/30 days	30 tablets/30 days
Roxicodone (oxycodone) <sup>a</sup>	15 mg tablet	6 tablets/30 days	10 tablets/30 days
Roxybond (oxycodone)	15 mg tablet	6 tablets/30 days	10 tablets/30 days
Roxybond (oxycodone)	30 mg tablet	3 tablets/30 days	5 tablets/30 days
Roxicodone (oxycodone) <sup>a</sup>	30 mg tablet	3 tablets/30 days	5 tablets/30 days
Opana (oxymorphone) <sup>a</sup>	5 mg tablet	9 tablets/30 days	15 tablets/30 days
Opana (oxymorphone) <sup>a</sup>	10 mg tablet	3 tablets/30 days	5 tablets/30 days
Nucynta (tapentadol)	50 mg tablet	6 tablets/30 days	10 tablets/30 days
Nucynta (tapentadol)	75 mg tablet	3 tablets/30 days	5 tablets/30 days
Nucynta (tapentadol)	100 mg tablet	3 tablets/30 days	5 tablets/30 days
Ultram (tramadol)a	50 mg tablet	30 tablets/30 days	50 tablets/30 days

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Combination Ingredient Agents	Strength	Quantity Limit - Child	Quantity Limit - Adult
Oxycodone/Ibuprofen	5 mg/400 mg tablet	12 tablets/30 days	20 tablets/30 days
Reprexain (hydrocodone/ ibuprofen) <sup>a</sup>	2.5 mg/200 mg tablet	15 tablets/30 days	25 tablets/30 days
Reprexain, Ibudone (hydrocodone/ibuprofen) <sup>a</sup>	5 mg/200 mg tablet	15 tablets/30 days	25 tablets/30 days
Reprexain, Ibudone, Xylon (hydrocodone/ ibuprofen) <sup>a</sup>	10 mg/200 mg tablet	15 tablets/30 days	25 tablets/30 days
Vicoprofen (hydrocodone/ ibuprofen) <sup>a</sup>	7.5 mg/200 mg tablet	15 tablets/30 days	25 tablets/30 days
Ultracet (tramadol/ acetaminophen) <sup>a</sup>	37.5 mg/325 mg tablet	24 tablets/30 days	40 tablets/30 days
oxycodone/aspirin <sup>a</sup>	4.8355 mg/325 mg tablet	18 tablets/30 days	30 tablets/30 days
Synalgos-DC, Aspirin/Caffeine/ Dihydrocodeine	356.4 mg/30 mg/16 mg capsule	30 capsules/30 days	50 capsules/30 days
Apadaz (benzhydrocodone/ acetaminophen)	4.08/325 mg tablet	30 tablets/30 days	50 tablets/30 days
Apadaz (benzhydrocodone/ acetaminophen)	6.12/325 mg tablet	24 tablets/30 days	40 tablets/30 days
Apadaz (benzhydrocodone/ acetaminophen)	8.16/325 mg tablet	18 tablets/30 days	30 tablets/30 days
Percocet, Endocet (oxycodone/ acetaminophen) <sup>a</sup>	2.5 mg/325 mg tablet	36 tablets/30 days	60 tablets/30 days
Percocet, Endocet, Roxicet (oxycodone/ acetaminophen) <sup>a</sup>	5 mg/325 mg tablet	18 tablets/30 days	30 tablets/30 days
Percocet, Endocet (oxycodone/ acetaminophen) <sup>a</sup>	7.5 mg/325 mg tablet	12 tablets/30 days	20 tablets/30 days

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Combination	Strength	Quantity Limit - Child	Quantity Limit - Adult
Ingredient Agents	10 /225	0	15:11:10:1
Percocet, Endocet	10 mg/325	9 tablets/30 days	15 tablets/30 days
(oxycodone/	mg tablet		
acetaminophen) <sup>a</sup>	0.5 (0.00	25	50 + 11 + 120 +
Nalocet	2.5 mg/300	36 tablets/30 days	60 tablets/30 days
(oxycodone/	mg tablet		
acetaminophen)	F /200	10 1 11 1 /20 1	20 1 11 1 (20 1
Primlev	5 mg/300	18 tablets/30 days	30 tablets/30 days
(oxycodone/	mg tablet		
acetaminophen)	7.5 /200	12 to blots /20 do. /2	20 to blots /20 dove
Primlev	7.5 mg/300	12 tablets/30 days	20 tablets/30 days
(oxycodone/	mg tablet		
acetaminophen) Primlev	10 mg/300	0 tablets/20 days	15 tablets/20 days
_	•	9 tablets/30 days	15 tablets/30 days
(oxycodone/ acetaminophen)	mg tablet		
Roxicet	5 mg/325	60 mL/30 days	100 mL/30 days
(oxycodone/	mg/5 mL	00 IIIL/30 days	100 IIIL/30 days
acetaminophen)	solution		
Acetaminophen/	120 mg/12	270 mL/30 days	450 mL/30 days
Codeine	mg/5 mL	270 IIIL/30 days	430 IIIL/30 days
Codeme	solution		
Tylenol w/Codeine	300 mg/15	18 tablets/30 days	30 tablets/30 days
(acetaminophen/	mg tablet		
codeine) <sup>a</sup>	ling tablet		
Tylenol w/Codeine	300 mg/30	18 tablets/30 days	30 tablets/30 days
(acetaminophen/	mg tablet		
codeine) <sup>a</sup>			
Tylenol w/Codeine	300 mg/60	15 tablets/30 days	25 tablets/30 days
(acetaminophen/	mg tablet		
codeine) <sup>a</sup>			
Hycet	7.5 mg/325	270 mL/30 days	450 mL/30 days
(hydrocodone/	mg/15 mL	, ,	, ,
acetaminophen) <sup>a</sup>	solution		
Hydrocodone/	2.5 mg/325	36 tablets/30 days	60 tablets/30 days
Acetaminophen <sup>a</sup>	mg tablet	,	. ,
Norco	5 mg/325	24 tablets/30 days	40 tablets/30 days
(hydrocodone/	mg tablet	,	
acetaminophen) <sup>a</sup>			
Norco	7.5 mg/325	18 tablets/30 days	30 tablets/30 days
(hydrocodone/	mg tablet	·	·
acetaminophen) <sup>a</sup>			
Norco	10 mg/325	15 tablets/30 days	25 tablets/30 days
(hydrocodone/	mg tablet		
acetaminophen) <sup>a</sup>			

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Combination Ingredient Agents	Strength	Quantity Limit - Child	Quantity Limit - Adult
Xodol (hydrocodone/ acetaminophen) <sup>a</sup>	5 mg/300 mg tablet	24 tablets/30 days	40 tablets/30 days
Xodol (hydrocodone/ acetaminophen) <sup>a</sup>	7.5 mg/300 mg tablet	18 tablets/30 days	30 tablets/30 days
Xodol (hydrocodone/ acetaminophen) <sup>a</sup>	10 mg/300 mg tablet	15 tablets/30 days	25 tablets/30 days
hydrocodone/ acetaminophen solution	10 mg/325 mg/15 mL solution	225 mL/30 days	375 mL/30 days
Zolvit/Lortab (hydrocodone/ acetaminophen)	10 mg/300 mg/15 mL solution	203 mL/30 days	338 mL/30 days
Trezix (acetaminophen/ caffeine/ dihydrocodeine)	320.5 mg/30 mg/16 mg capsule	30 capsules/30 days	50 capsules/30 days
Acetaminophen/ Caffeine/ Dihydrocodeine <sup>a</sup>	325 mg/30 mg/16 mg tablet	30 tablets/30 days	50 tablets/30 days
pentazocine/naloxone	50 mg/0.5 mg tablet	6 tablets/30 days	10 tablets/30 days

a - generic available, included in quantity limit program

#### **Benefit Determination**

The existence of this pharmacy policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Pharmacy policies do not constitute a description of benefits. A member's individual or group customer benefits govern which pharmaceuticals are covered, which are excluded, and which are subject to benefit limits and which require authorization. Members and providers should consult the member's benefit information or contact Capital BlueCross for benefit information.

<sup>1.</sup> Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies. Capital BlueCross is committed to operating in compliance with all applicable federal, state, and local laws and regulations. This Policy and Procedure has been reviewed for compliance with 45 CFR 156.122, 45 CFR 156.122 (a) (1) and (2), and 45 CFR 156.122(c).

#### Disclaimer

Capital's pharmacy policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any pharmacy policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this pharmacy policy and to member's benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this pharmacy policy to be proprietary and it may only be disseminated as permitted by law.

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